



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



## After School at the Y

Join the Y after school Monday through Friday. Children will participate in a number of activities including, but not limited to, Arts and Crafts, Lego challenges, and physical activity programs. **Children from Kenton City Schools can be bused to the Y after school and picked up by parents. This must be set up through the bus garage and the YMCA will have to be added as a permanent bus route for your child.**

**Starting August 23, 2021**

**Ages:** 5 -12

**Fees:**

**Member:** \$25.00/week

**Program Participant:** \$40.00/week

**Time:** 3:00pm – 5:30pm

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### Registration Information

**Childs Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parents Name (1):** \_\_\_\_\_ **Parents Number:** \_\_\_\_\_

**Parents Name (2):** \_\_\_\_\_ **Parents Number:** \_\_\_\_\_

### Emergency Contacts/Authorized Pick Up Persons (Name and Number):

**1** \_\_\_\_\_ **2** \_\_\_\_\_

**Allergies/Special Needs:** \_\_\_\_\_

**School District:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Dates Registering For:** \_\_\_\_\_

I give my permission to the Hardin County Family YMCA to use photographs, film footage, or tape recordings, which may include mine or my family's image or voice for purposes of promoting or interpreting YMCA programs or activities. In consideration of gaining entrance to the YMCA for myself and my family, or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from our participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I understand I need to check with my doctor if I or my family members have any health conditions that might cause concern when involved in any activities at the YMCA. I agree to adhere to all policies set by the Hardin County Family YMCA.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_